

3635/1

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## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Total Number of Pages In This Submission

11

Application Number

10/001,310

Filing Date

11/23/2001

First Named Inventor

FREY

Group Art Unit

3635

Examiner Name

HORTON

Attorney Docket Number

1222.

### ENCLOSURES (check all that apply)

Fee Transmittal Form

Fee Attached

Amendment / Response

After Final

Affidavits/declaration(s)

Extension of Time Request

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Document(s)

Response to Missing Parts/ Incomplete Application

Response to Missing Parts under 37 CFR 1.52 or 1.53

Assignment Papers (for an Application)

Drawing(s)

Licensing-related Papers

Petition Routing Slip (PTO/SB/69) and Accompanying Petition

Petition to Convert to a Provisional Application

Power of Attorney, Revocation Change of Correspondence Address

Terminal Disclaimer

Small Entity Statement

Request for Refund

After Allowance Communication to Group

Appeal Communication to Board of Appeals and Interferences

Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

Proprietary Information

Status Letter

Additional Enclosure(s) (please identify below):

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APR 22 2003

GROUP 3600

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm  
or  
Individual name

DAVID J ARCHER

Signature

David J. Archer

Date

4/9/03

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

DAVID J ARCHER

Signature

David J. Archer

Date

APRIL 9TH 2003

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# FEE TRANSMITTAL

## for FY 1999

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$)55

| Complete if Known    |                   |
|----------------------|-------------------|
| Application Number   | <u>10/001310</u>  |
| Filing Date          | <u>11/23/2001</u> |
| First Named Inventor | <u>FREY</u>       |
| Examiner Name        | <u>HORTON</u>     |
| Group / Art Unit     | <u>3635</u>       |
| Attorney Docket No.  | <u>1222</u>       |

| METHOD OF PAYMENT (check one)   |  | FEE CALCULATION (continued)        |        |                 |           |
|---|--|------------------------------------|--------|-----------------|-----------|
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: |  | 3. ADDITIONAL FEES                 |        |                 |           |
| Deposit Account Number  |  |                                    |        | Fee Description | Fee Paid  |
| Deposit Account Name  |  |                                    |        | Fee Description | Fee Paid  |
| <input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17                                      |  | 105                                | 130    | 205             | 65        |
|   |  | 127                                | 50     | 227             | 25        |
|   |  | 139                                | 130    | 139             | 130       |
|   |  | 147                                | 2,520  | 147             | 2,520     |
|   |  | 112                                | 920*   | 112             | 920*      |
|   |  | 113                                | 1,840* | 113             | 1,840*    |
|   |  | 115                                | 110    | 215             | <u>55</u> |
|   |  | 116                                | 380    | 216             | 190       |
|   |  | 117                                | 870    | 217             | 435       |
|   |  | 118                                | 1,360  | 218             | 680       |
|   |  | 128                                | 1,850  | 228             | 925       |
|   |  | 119                                | 300    | 219             | 150       |
|   |  | 120                                | 300    | 220             | 150       |
|   |  | 121                                | 260    | 221             | 130       |
|   |  | 138                                | 1,510  | 138             | 1,510     |
|   |  | 140                                | 110    | 240             | 55        |
|   |  | 141                                | 1,210  | 241             | 605       |
|   |  | 142                                | 1,210  | 242             | 605       |
|   |  | 143                                | 430    | 243             | 215       |
|   |  | 144                                | 580    | 244             | 290       |
|   |  | 122                                | 130    | 122             | 130       |
|   |  | 123                                | 50     | 123             | 50        |
|   |  | 126                                | 240    | 126             | 240       |
|   |  | 581                                | 40     | 581             | 40        |
|   |  | 146                                | 760    | 246             | 380       |
|   |  | 149                                | 760    | 249             | 380       |
|   |  | Other fee (specify) _____          |        |                 |           |
|   |  | Other fee (specify) _____          |        |                 |           |
|   |  | SUBTOTAL (3) (\$) <u>55</u>        |        |                 |           |
|   |  | * Reduced by Basic Filing Fee Paid |        |                 |           |

| SUBMITTED BY          |                        | Complete if applicable |                          |
|-----------------------|------------------------|------------------------|--------------------------|
| Typed or Printed Name | <u>DAVID J ARCHER</u>  |                        | Reg. Number <u>31076</u> |
| Signature             | <u>David J. Archer</u> | Date <u>4/9/03</u>     | Deposit Account User ID  |

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